


|                             |  |   |   |     |     |
|-----------------------------|--|---|---|-----|-----|
| <b>Property Information</b> |  |  | <b>Contractor or Licensed Owner Information</b> |     |     |
| Building Name               |  |   | Name  |     |     |
| Address                     |  | Address   |   |     |     |
| City                        |  | License #   | City  | St. | Zip |
| Contact Person              |  | <input type="checkbox"/> SFM  | Phone   |     |     |
| Phone                       |  | <input type="checkbox"/> CSLB   | Job #   |     |     |
|                             |  |   | Misc.   |     |     |

| Riser Information |          |                | Main Drain Test (ANNUAL) |                         |                   |                       |           |
|-------------------|----------|----------------|--------------------------|-------------------------|-------------------|-----------------------|-----------|
| Riser No.         | Location | Riser Diameter | Main Drain Diameter      | Initial Static Pressure | Residual Pressure | Final Static Pressure | P, F, N/A |
|                   |          |                |                          |                         |                   |                       |           |
|                   |          |                |                          |                         |                   |                       |           |
|                   |          |                |                          |                         |                   |                       |           |
|                   |          |                |                          |                         |                   |                       |           |
|                   |          |                |                          |                         |                   |                       |           |

This building has more than 5 risers. See additional AES 2.9 form attached      Number of AES 2.9 forms attached: \_\_\_\_\_

**NOTE:** For Pre-Action Sprinkler Systems used as Foam Water Systems, add Supplemental Form AES 8

**5-Year Inspection, Testing, and Maintenance**  
*Includes ALL Quarterly and Annual Inspections, Tests, and Maintenance Items*

**I = Inspection    T = Test    M = Maintenance**

*P = Pass    F = Fail    N/A = Not Applicable*

| Item |   | Description  | NFPA 25 CA ed. Reference | Date | Comments Only | P, F, N/A |
|------|---|--|--------------------------|------|---------------|-----------|
| 1.1  | I | Control Valves – Identification Sign   | 13.3.1                   |      |               |           |
| 1.2  | I | Control Valves – Inspection  | 13.3.2                   |      |               |           |
| 1.3  | I | Waterflow Alarm Devices  | 5.2.5                    |      |               |           |
| 1.4  | I | Supervisory Alarm Devices  | 5.2.5                    |      |               |           |
| 1.5  | I | Gauges (PreAction Valves)<br><i>Pass = Normal Pressures</i>                                | 13.4.3.1.3               |      |               |           |
| 1.6  | I | Water Supply Pressure  | 13.4.3.1.3.1             |      |               | psi       |
| 1.7  | I | Air Pressure   | 13.4.3.1.4               |      |               | psi       |
| 1.8  | I | Detection System (Pilot Line) Air Pressure   | 13.4.3.1.5               |      |               | psi       |
| 1.9  | I | Hydraulic Design Information Sign<br><i>(For Hydraulically Designed Systems)</i>           | 5.2.6                    |      |               |           |
| 1.10 | I | General Information Sign<br><i>(Not Required for System Prior to 2007 Edition NFPA 13)</i> | 5.2.8                    |      |               |           |
| 1.11 | I | Heat Tape  | 5.2.7                    |      |               |           |
| 1.12 | I | Spare Sprinklers   | 5.2.1.4                  |      |               |           |
| 1.13 | I | Fire Department Connections  | 13.7                     |      |               |           |
| 1.14 | I | Preaction Valves – Exterior Inspection   | 13.4.3.1.6               |      |               |           |
| 1.15 | I | Pressure Reducing Valves   | 13.5.1.1                 |      |               |           |
| 1.16 | I | Master Pressure Reducing Valves  | 13.5.4.1                 |      |               |           |
| 1.17 | I | Backflow Preventers  | 13.6.1                   |      |               |           |

|                             |  |   |   |  |
|-----------------------------|--|---|---|--|
| <b>Property Information</b> |  |  | <b>Contractor or Licensed Owner Information</b> |  |
| Building Name               |  |   | Name  |  |
| Address                     |  |   | Job #   |  |
| City                        |  |   |   |  |
|                             |  |   |   |  |

**5-Year Inspection, Testing, and Maintenance**  
*Includes ALL Quarterly and Annual Inspections, Tests, and Maintenance*

**I = Inspection    T = Test    M = Maintenance** *P = Pass    F = Fail    N/A = Not Applicable*

| Item |   | Description   | NFPA 25 CA ed. Reference   | Date | Comments Only  | P,F,N/A |
|------|---|---|----------------------------|------|--|---------|
| 1.18 | I | Low Temperature Alarm   | 13.4.3.1.2                 |      |  |         |
| 1.19 | I | Buildings (Freeze Protection)   | 4.1.1.1                    |      | <b>Owner's Responsibility</b>                              |         |
| 1.20 | I | Sprinklers  | 5.2.1                      |      |  |         |
| 1.21 | I | Sprinklers - Accessible Concealed Space                                 | 5.2.1.1.6                  |      |  |         |
| 1.22 | I | Pipe and Fittings   | 5.2.2                      |      |  |         |
| 1.23 | I | Pipe and Fittings - Accessible Concealed Space                          | 5.2.2.3                    |      |  |         |
| 1.24 | I | Hangers   | 5.2.3                      |      |  |         |
| 1.25 | I | Hangers - Accessible Concealed Space                                    | 5.2.3.3                    |      |  |         |
| 1.26 | I | Seismic Braces  | 5.2.3                      |      |  |         |
| 1.27 | I | Seismic Braces - Accessible Concealed Space                             | 5.2.3.3                    |      |  |         |
| 1.28 | I | Strainer, Filters, Restricted Orifices Inspection                       | 13.4.4.1.6                 |      |  |         |
| 2.1  | T | Field Service Test Required<br><b>Send Report to Fire Code Official</b> | 5.3.1                      |      | If REQUIRED, Enter 'F' until results are returned from Lab |         |
| 2.2  | T | Recalled Sprinklers<br><b>If not present = Pass; If present = Fail</b>  | Title 19<br>904.1(c)       |      |  |         |
| 2.3  | T | Waterflow Alarm Devices<br><b>90 sec max. Enter time</b>                | 5.3.3<br>13.2.6            |      | sec.   |         |
| 2.4  | T | Main Drain Test<br><b>(Enter data on Page 1 of this form)</b>           | 13.2.5<br>13.3.3.4         |      |  |         |
| 2.5  | T | Priming Water Level Test  | 13.4.3.2.1                 |      |  |         |
| 2.6  | T | Valve Trip Test - Full Flow   | 13.4.3.2.2<br>13.4.3.2.2.4 |      |  |         |
| 2.7  | T | Valve Trip Time   | 13.4.3.2.12                |      | sec  |         |
| 2.8  | T | Manual Actuation Device Test  | 13.4.3.2.9                 |      |  |         |
| 2.9  | T | Air Leakage Test  | 13.4.3.2.6                 |      |  |         |
| 2.10 | T | Low Air Pressure Alarm Test   | 13.4.3.2.13                |      |  |         |
| 2.11 | T | Low Temperature Alarm Test  | 13.4.3.2.14                |      |  |         |
| 2.12 | T | Automatic Air Pressure Maintenance Device Test                          | 13.4.3.2.15                |      |  |         |
| 2.13 | T | Control Valve – Operation   | 13.3.3                     |      |  |         |
| 2.14 | T | Valve Supervisory Devices   | 13.3.3.5                   |      |  |         |
| 2.15 | T | Backflow Preventer Assemblies   | 13.6.2                     |      |  |         |

|                             |  |   |   |  |
|-----------------------------|--|---|---|--|
| <b>Property Information</b> |  |  | <b>Contractor or Licensed Owner Information</b> |  |
| Building Name               |  |   | Name  |  |
| Address                     |  |   | Job #   |  |
| City                        |  |   |   |  |

**5-Year Inspection, Testing, and Maintenance**  
*Includes ALL Quarterly and Annual Inspections, Tests, and Maintenance Items*

| I = Inspection |   | T = Test  |  | M = Maintenance |   | P = Pass F = Fail N/A = Not Applicable |  |
|----------------|---|---|--|-----------------|---|--|--|
| Item           |   | Description   | NFPA 25 CA ed. Reference                 | Date            | Comments Only   | P,F,N/A                                |  |
| 2.16           | T | PRV – Fire Sprinkler Systems  | 13.5.1.3                                 |                 |   |  |  |
| 2.17           | T | Pressure Gauges<br><i>Calibrated or Replaced</i>  | 5.3.2                                    |                 |   |  |  |
| 3.1            | M | Control Valves  | 13.3.4                                   |                 |   |  |  |
| 3.2            | M | Check Valves - Internal Inspection  | 13.4.2.2                                 |                 |   |  |  |
| 3.3            | M | Repair Air Leaks  | 13.4.3.3.1                               |                 |   |  |  |
| 3.4            | M | Interior Inspected and Cleaned<br><i>(All Preaction Valves)</i>                                 | 13.4.3.1.7<br>13.4.3.1.7.1<br>13.4.3.3.2 |                 |   |  |  |
| 3.5            | M | Low Points in System Drained  | 13.4.3.3.3                               |                 |   |  |  |
| 3.6            | M | Additional Manufacturer's Maintenance Requirements Satisfied                                    | 13.4.3.3.4                               |                 |   |  |  |
| 3.7            | M | FDC - Backflush   | 14.3.2.3<br>14.3.2.4                     |                 |   |  |  |
| 3.8            | M | Internal Pipe Inspection - See Deficiencies and Comments Section for Results.                   | 14.2                                     |                 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |  |
| 3.9            | M | Obstruction Investigation required. If "Yes", See Deficiencies and Comments Section for Results | 14.3                                     |                 |   |  |  |
| 3.10           | M | System Returned to Service  | 4.5.3<br>13.4.3.2.10<br>15.7             |                 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |  |

**D = Deficiency C = Comment (Indicate type)**

| Item | Date | Riser | D | C | Deficiencies and Comments<br><i>Indicate all equipment, devices and parts that were repaired or replaced</i> |
|------|------|-------|---|---|--|
|      |      |       |   |   |  |
|      |      |       |   |   |  |
|      |      |       |   |   |  |
|      |      |       |   |   |  |
|      |      |       |   |   |  |
|      |      |       |   |   |  |

Check here if additional Deficiencies and Comments are listed on Form AES 9. Number attached: \_\_\_\_\_

See Correction Form AES 10 for corrected deficiencies. Number attached: \_\_\_\_\_

**I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above, in accordance with CCR, Title 19, Sections 901 to 906 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.**

|            |      |
|------------|------|
| Print Name |      |
| Signature  | Date |